

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003282	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/08/2012
NAME OF PROVIDER OR SUPPLIER RITTENHOUSE SENIOR LIVING OF INDIANAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 1251 W 96TH ST INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00114153.</p> <p>Complaint number IN00114153 substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey Dates: August 8 2012</p> <p>Facility number: 003282 Provider number: 003282 AIM number: NA</p> <p>Survey team: Chuck Stevenson RN</p> <p>Census bed type: Residential: 76 Total: 76</p> <p>Census payor type: Other: 76 Total: 76</p> <p>Sample: 3</p> <p>Rittenhouse Senior Living of Indianapolis was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00114153.</p> <p>Quality review completed 8/9/12 Cathy Emswiller RN</p>	R 000			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

N18C11

If continuation sheet 1 of 1